CHAIN-OF-CUSTODY / Analytical Req

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant

WO#: 1263650

PM: MMW   Due Date: 04/20/16
CLIENT: USS CORP

Pace Analytical

Section A
Required Client Information:
- Company: USS Corporation
- Address: P.O. Box 417
- Mt. Iron, MN 55768
- Email:
- Phone: Fax:
- Requested Due Date:

Section B
Required Project Information:
- Report To: Tom Moe
- Copy To:
- Purchase Order #:
- Project Name: NPDES-TB Wk1
- Project #:

Section C
Invoice Information:
- Attention:
- Company Name:
- Address:
- Pace Quote:
- Pace Project Manager: heather.zika@pacelabs.com,
- Pace Profile #:

SAMPLE ID
One Character per box.
(A-Z, 0-9 / ,)
Sample Ids must be unique

	MATRIX	CODE
	Drinking Water	DW
	Water	WT
	Waste Water	WW
	Product	P
	Soil/Solid	SL
	Oil	OL
	Wipe	WP
	Air	AR
	Other	OT
	Tissue	TS

ITEM #	SAMPLE ID	MATRIX CODE	SAMPLE TYPE	COLLECTED START DATE	START TIME	END DATE	END TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H2SO4	HNO3	HCl	NaOH	Na2S2O3	Methanol	Other	TSS,SO4	TRPH 1664	Residual Chlorine (Y/N)
	SD 001 (Seep 020)	WT		4-6-16 11:30		4-6-16 11:30												X	X	

Preservatives

Analyses (G...) Y/N

PRINT Name of SAMPLER: Paul Inetrick

SIGNATURE of SAMPLER: Paul Inetrick

DATE Signed: 4-6-16

TEMP in C   3.3
Received on Ice (Y/N)   Y
Custody Sealed Cooler (Y/N)   N
Samples Intact (Y/N)   Y

4-6-16 13:50
4-6-16 1350

Pace Analytical

| Document Name: Sample Condition Upon Receipt Form | Document Revised: 23Feb2015 Page 1 of 1 |
| Document No.: F-VM-C-001-Rev.09 | Issuing Authority: Pace Virginia, Minnesota Quality Office |

Sample Condition Upon Receipt

Client Name: USS

Project #:

WO# : 1263650

1263650

Courier: ☐Fed Ex ☐UPS ☐USPS ☑Client ☐Commercial ☐Pace ☐Other: _____

Tracking Number: _____

Custody Seal on Cooler/Box Present? ☐Yes ☑No   **Seals Intact?** ☐Yes ☑No

Optional: Proj. Due Date: _____ Proj. Name: _____

Packing Material: ☐Bubble Wrap ☑Bubble Bags ☐None ☐Other: _____

Temp Blank? ☑Yes ☐No

Thermometer Used: ☑ 140792808   **Type of Ice:** ☑Wet ☐Blue ☐None ☑Samples on ice, cooling process has begun

Cooler Temp Read °C: 3.0   **Cooler Temp Corrected °C:** 3.3
Temp should be above freezing to 6°C   **Correction Factor:** 0.3

Biological Tissue Frozen? ☐Yes ☐No ☑NA
Date and Initials of Person Examining Contents: CL 4-6-16

Comments:

Chain of Custody Present?	☑Yes	☐No	☐N/A	1.
Chain of Custody Filled Out?	☑Yes	☐No	☐N/A	2.
Chain of Custody Relinquished?	☑Yes	☐No	☐N/A	3.
Sampler Name and Signature on COC?	☑Yes	☐No	☐N/A	4.
Samples Arrived within Hold Time?	☑Yes	☐No	☐N/A	5.
Short Hold Time Analysis (<72 hr)?	☐Yes	☑No	☐N/A	6.
Rush Turn Around Time Requested?	☐Yes	☑No	☐N/A	7.
Sufficient Volume?	☑Yes	☐No	☐N/A	8.
Correct Containers Used?	☑Yes	☐No	☐N/A	9.
-Pace Containers Used?	☑Yes	☐No	☐N/A	
Containers Intact?	☑Yes	☐No	☐N/A	10.
Filtered Volume Received for Dissolved Tests?	☐Yes	☐No	☑N/A	11. Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	☑Yes	☐No	☐N/A	12.
-Includes Date/Time/ID/Analysis Matrix: WT				
All containers needing acid/base preservation will be checked and documented in the pH logbook.	☐Yes	☐No	☑N/A	See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	☐Yes	☐No	☑N/A	13.
Headspace in VOA Vials (>6mm)?	☐Yes	☐No	☑N/A	14.
Trip Blank Present?	☐Yes	☐No	☑N/A	15.
Trip Blank Custody Seals Present?	☐Yes	☐No	☑N/A	
Pace Trip Blank Lot # (if purchased): _____				

CLIENT NOTIFICATION/RESOLUTION

Field Data Required? ☐Yes ☐No

Person Contacted: _____ Date/Time: _____

Comments/Resolution: _____

FECAL WAIVER ON FILE   Y   N   **TEMPERATURE WAIVER ON FILE   Y   N**

Project Manager Review: KAH for MMW   **Date:** 4-6-16

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e out of hold, incorrect preservative, out of temp, incorrect containers)